MONTANA CLERK & RECORDER'S SCHOLARSHIP APPLICATION FORM

AMOUNT OF SCHOLARSHIP

\$1,000.00 First Place Winner \$500.00 Second Place

APPLICANT MUST BE A GRADUATING SENIOR WHO WILL BE ATTENDING AN IN STATE SCHOOL.

This Application for the Clerk & Recorder's Scholarship becomes complete and valid only when you have returned the following materials:

Application	All required signatures
Current Transcript of Grades	Application deadline: March 16, 2018

Return completed application to:

Rina Fontana Moore Clerk & Recorder/Auditor/Assessor/Surveyor Cascade County Montana PO Box 2867 Great Falls, MT 59403

Or deliver in person to the Clerk & Recorder's Office at 121 4th St No - Suite 1B-1

Updated 12/19/2016

			APPLICANT INFORM	ATION					
Mr.	County:								
Ms	(Last)	(First)	(Middle Initial)	Telep	hone Number				
	Permanent Address	(street)	(city)	(state	e)	(zip)			
	Father's Full Name	0			Occupation				
	Permanent mailing address of guardian if different from appli		(street)	(city)	(state)	(zip)			
	Mother's Full Name		(6654)	(-1.5)	Occupation	(
	Permanent mailing address of	f parent/			- 00				
	guardian if different from appli	icant	(street)	(city)	(state)	(zip)			
	Total number of family members who will be attending a post-secondary school at least 1/2 time during the upcoming school year, including applicant.								
			SCHOOL INFORMA	TION					
	High School Attended Graduation Date (Month) (Year)					(Year)			
	Address	(street)	(city) (:	state)	(zip)	Telephone Number			
				•	(219)	relephone Number			
	Name of post-secondary school for which applicant's scholarship is requested 4 yr College/Univ Community College Other								
	Address			Accred	dited? Yes	No			
		(city)	(state) (zip)	-				
	Major field of study applicant plans to pursue								
	Applicant's Signature								
	Date Completed								
		Mo.	Day Y	'ear					
			ENT BY PARENTS						
	I have read this application, attest to the accuracy thereof to the best of my knowledge, understand that the candidate is applying for a Montana Clerk & Recorder's scholarship, and have no objection thereto.								
	Parent or Legal Guardia	an's Signature							
	Date Completed	Mo.	Day Y	ear					
			13						
TRANSCRIPT INFORMATION									
High school seniors must include a high school transcript of grades and have the following section completed by the appropriate school official.									
Class/Ra	ank: in a class of	_							
Cumulati	ive grade point average		\4.0 scale.						
School C	Official's Signature	Date	Title	Telep	- phone #				

PERSONAL INFORMATION										
Please list your work experience during the past 4 years. Indicate dates of employment in each job and the approximate number of hours worked each week. List total amount earned for each job.										
POSITION		Date From(mo/yr)	Date to (mo/yr)	Hours Per Week		Amount Earned This Position				
				-						
		EXTRA-CURI	RICULAR ACTIVITIES							
ACTIVITY	No. of Years Partic.	Offices Held, Special Awards, Honors	ACTIVITY	No. of Years Partic.	Offices Held, Special Awards, Honors					
Make a statement of your plans as they relate to your educational and career objectives and future goals. (If necessary, attach additional pages.)										
Please describe how and when any unusual family or personal circumstances have affected your achievement in school, work experience, or your participation in school and community activities. (Examples: Medical, death in immediate family, divorce, tragedy, adverse financial circumstances, etc.) (If necessary, attach additional pages.)										